MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00873

CERTIFICATE OF DEATH

01922

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Pondtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pondtown-Rural Chesterlown
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) (Last) BROOKS

4. DATE OF DEATH: (Month) Jan. (Day) 22 (Year) 19 55

5. SEX: M.

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 15 1896

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Cement Finer

10b. KIND OF BUSINESS OR INDUSTRY: Concrete Block

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 221-09-6117

17. INFORMANT & ADDRESS: Emma Brooks. Pondtown. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

592X
Immediate cause (a) Malignant hypertension - Uremia — 11 Months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Glomerulonephrite — 11 Months
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 1954, to Jan 22, 1955, that I last saw the deceased alive on Jan 22, 1955, and that death occurred at 9:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D — ADDRESS Millington — DATE SIGNED Jan. 24-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan. 25, 1955 — NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cem. — LOCATION (City, town, or county) Pondtown. (State) Md

DATE REC'D BY LOCAL REGISTRAR 1-26 — REGISTRAR'S SIGNATURE Edgar L. Lane

24. FUNERAL DIRECTOR Edward Fellows. — ADDRESS Millington, Md.

RECEIVED
FEB 16 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00870

00874

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:
COUNTY Queen Annes MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Centreville
LENGTH OF STAY (in this place) all her life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Annes
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) EMORY (Last) COCKRAN

4. DATE OF DEATH: (Month) (Day) (Year) January 24 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feby 9-1870
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mt. Centreville Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Addison Emory
14. MOTHER'S MAIDEN NAME: Laura Spencer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs Marshall Gravatt 83 Tennessee Ave Asheville N. C

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 421.4 (a) Chronic Valvular disease of the heart

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1955, to 1-24, 1955, that I last saw the deceased alive on 1-23, 1955, and that death occurred at 11:30 AM, from the causes and on the date stated above.

SIGNATURE H. F. McThurnan (Degree or title) Centreville ADDRESS DATE SIGNED 1-25-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan 26-55
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REGISTRAR 1-25-55
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00871

00875

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne's MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rte Ginnis Corner LENGTH OF STAY (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS 00	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q.A. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rte Ginnis Corner X STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print)	(First) ANNA	(Middle) M.	(Last) CREW	4. DATE OF DEATH	(Month) JAN.	(Day) 16	(Year) 1955		
5. SEX Fem.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH July 18-1897	9. AGE last birthday 57 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Lloyd		14. MOTHER'S MAIDEN NAME Clara Squares	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS James Malcolm Crew: Chestertown R.D.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
592X Immediate cause (a) Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c) Chronic nephritis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1/15-55, to 1/16-55, that I last saw the deceased alive on 1/16, 1955, and that death occurred at 11-45 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Henry Frahier	M.D	Centreville Md	1/18-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Jan. 19	Crumptons	Crumptons Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/18	Edgar L. Lane mort	Edgar L. Lake	Church Hill Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 21 1944
BUREAU V. S.

00876

00872

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Queen Anne
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Centreville R-FD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Tanner (Middle) Warfield (Last) Crowd (Type or Print)

4. DATE OF DEATH (Month) Jan (Day) 10 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) Married

8. DATE OF BIRTH: Oct 28-1894

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Veterinarian

10b. KIND OF BUSINESS OR INDUSTRY: State U.S.G. employee

11. BIRTHPLACE (State or foreign country): Hartford Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Manuel Crowd

14. MOTHER'S MAIDEN NAME: Cornelia Coale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) War 1

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs Verna M. Crowd - Centreville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Boat Capsized while ducking

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, ~~Inquiry~~ ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. Henry Fisher M.D. Centreville Md M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 1/11-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Jan 13-55

NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield

LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REG. 1/13/55

REGISTRAR'S SIGNATURE Edna Armstrong

24. FUNERAL DIRECTOR Baxter Bros Centreville Md ADDRESS

VS. A15A - 5 - 53

RECEIVED
JAN 18 1965
BUREAU V. S.

00877

00873

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH · COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Q. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudlersville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SARAH	M.	DEVENISH	Jan.	12	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Fem.	White		2-20-1871	83 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Jarman	Mary Benton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Anna Reed - Sudlersville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause (a) Acute Cardiac Dilatation	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis	
(c) Generalized Arteriol Sclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
N				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.		

22. I hereby certify that I attended the deceased from Dec, 1950, to Jan 12, 1955, that I last saw the deceased alive on Jan 11, 1955, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. N. Ellicott	M.D.	Sudlersville, Md	1/13/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Jan. 15	Sudlersville	Sudlersville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-13	Edgar L. Lane	Edgar L. Lane	Church Hill Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 31 1955
BUREAU V. S.

00878 **MARYLAND STATE DEPARTMENT OF HEALTH** 00874

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ingleside
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ingleside
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) LEE (Last) DUKES
4. DATE OF DEATH (Month) JAN. (Day) 17 (Year) 1955
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug. 6-1882
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Auto
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Dukes
14. MOTHER'S MAIDEN NAME Mary Benton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Howard Dukes = Centreville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2

Immediate cause (a) Cerebral Hemorrhage — Suddenly

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arterial Sclerosis

(c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sensitive

19a. DATE OF OPERATION W
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) W
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) W m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1952, to Jan 17, 1953, that I last saw the deceased alive on Dec 12, 1953, and that death occurred at 4.30 P m. from the causes and on the date stated above.

SIGNATURE C H Mitcoth (Degree or title) M D ADDRESS Ludlowsville DATE SIGNED 1/19/53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Jan. 20 NAME OF CEMETERY OR CREMATORY Church Hill LOCATION (City, town, or county) Church Hill (State) Md.

DATE REC'D BY LOCAL REG. Jan. 19 REGISTRAR'S SIGNATURE Edgar L. Lane 24. FUNERAL DIRECTOR Edgar L. Lane = Church Hill, Md. ADDRESS

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 27 1965
BUREAU V. S.

00879

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00875

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH: COUNTY Queen Anne's MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MORDECAI	I.	GIBSON	Jan.	5	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		12-28-1866	88 Yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farm	owner	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W. Gibson	Elizabeth Bright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Wm. Henry = Stevensville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	Jan 3 1955
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic nephrosis	2 years
	(c) Arterio sclerosis general + cerebral)	5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Concussion of brain (Auto accident	about 6 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 10, 1950, to Jan. 5, 1955, that I last saw the deceased alive on Jan. 5, 1955; and that death occurred at 1 30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Theodor Sattelmaier	M.D	Stevensville	Jan. 5, 1955.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Jan. 7	Stevensville	Stevensville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 7, 1955	Elizabeth Hopkins	Edgar L. Lane =	Church Hill, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 11 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00880

CERTIFICATE OF DEATH

00876

Reg. Dist. No. 254

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Elizabeth (Last) Goodhand

4. DATE OF DEATH: (Month) Jan. (Day) 5 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: May 15, 1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Frederick Goodhand

14. MOTHER'S MAIDEN NAME: Caroline R. Bryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Charles L. Goodhand M.D. Parkersburg W. Va.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

252.0

IMMEDIATE CAUSE (A) Auricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: Jan. 1, 1955

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive Cardio-vascular disease — 4 years

DUE TO (C) Exophthalmic goitre (Graves disease) — 25 years.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. adenoma r. breast (Ca) — 2 years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15 1930, to Jan. 5, 1955, that I last saw the deceased alive on Jan. 5, 1955, and that death occurred at 5 P.M, from the causes and on the date stated above.

SIGNATURE Theodore Satterwaite M. D. ADDRESS Stevensville DATE SIGNED Jan. 6, 1955.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 1-8-55

NAME OF CEMETERY OR CREMATORY: Stevensville Cemetery

LOCATION (City, town, or county) (State): Stevensville, Md.

DATE REC'D BY LOCAL REGISTRAR: Jan. 6 '55

REGISTRAR'S SIGNATURE: Helen M. Aldridge

24. FUNERAL DIRECTOR: Maurice F. Newnam & Son ADDRESS: Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
JAN 11 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00881

CERTIFICATE OF DEATH

00877

Reg. Dist. No. 253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester
LENGTH OF STAY (in this place) 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) JOSEPHINE (Middle) RUTH (Last) JONES
4. DATE OF DEATH: (Month) Jan (Day) 27 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: April 23. 1881
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): in Queenstown Q A Co Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Ruth
14. MOTHER'S MAIDEN NAME: Charlotte Lynch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 217-14-8076
17. INFORMANT & ADDRESS: Willard Jones Chester. Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1
Immediate cause (a) Coronary Thrombosis + occlusion — Dec 6. 54 + Jan. 27. 1955

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Atherosclerosis coronary arteries + general — 3 years
DUE TO (c) Arteriosclerosis, hypertensive Cardio vascular — 4 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Disease cerebral accident Dec 1952 + June 1953

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1949 to Jan. 27, 1955, that I last saw the deceased alive on Jan. 26, 1955, and that death occurred at 12 45 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Theodor Sattelmaier M.D Stevensville Md Jan. 28. 1955.

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial
DATE THEREOF Jan 30-55
NAME OF CEMETERY OR CREMATORY Stevensville
LOCATION (City, town, or county) (State) Stevensville Maryland
DATE REC'D BY LOCAL REGISTRAR Jan. 30, 1955
REGISTRAR'S SIGNATURE Elizabeth Hopter
24. FUNERAL DIRECTOR ADDRESS
Baxter Bros. Centreville. Maryland

RECEIVED
FEB 2 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00882

2411 N. Charles Street, Baltimore

00878

CERTIFICATE OF DEATH

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Queen Ann — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Chestertown Rural
LENGTH OF STAY (In this place): 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Queen Ann
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown Rural X
STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward	D.	Noll	1	24	55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours. Min.
Male	White	Widowed	Mar. 2, 1863	91 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Boat Business	renting of boats	Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David F. Noll	Caroline Boone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs. Harold M. Larsen, Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
Immediate cause (a) Probable CVA — Interval between onset and death: 1 hr.

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Senile arteriosclerosis
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from DOA 1-24-55, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at about 12:30 p.m., from the causes and on the date stated above.

SIGNATURE: R. M. Atkins (Degree or title) M.D. ADDRESS: Chestertown DATE SIGNED: 1-25-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-26-55	Odd Fellows	Camden, Del.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-25	Edgar L. Lane	William Berry Jr.	Milford, Del.

RECEIVED
JAN 27 1955
BUREAU V. S.

00879

00883

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Queen Anne's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ponttown — LENGTH OF STAY (In this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pondtown — COUNTY Queen Anne's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown R.F.D. #1
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Elsie Lee — (Middle) Wais — (Last)

4. DATE OF DEATH: (Month) Jan. (Day) 7. (Year) 19 55

5. SEX: Female — 6. COLOR OR RACE: Col. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH: Sept. 20-1892 — 9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Domestic — 11. BIRTHPLACE (State or foreign country): Maryland-Del — 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Thompson — 14. MOTHER'S MAIDEN NAME: Mary Callaham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Louis Wais (Husband) Pondtown, Md. R.F.D. #1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic nephritis with Heart

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) complication

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Henry Fisher M.D. Deputy Med. Exam. for Q.A. Co. Md. Centreville Md. 1/7/55

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ Burial — DATE THEREOF 1-12-56 — NAME OF CEMETERY ~~OR CREMATORY~~ Forbes Chapel — LOCATION (City, town, or county) Maryadel, Md. (State)

DATE REC'D BY LOCAL REG. Jan. 8 — REGISTRAR'S SIGNATURE Edgar L. Lane — 24. FUNERAL DIRECTOR Edgar L. Lane — ADDRESS Church Hill Md.

RECEIVED
JAN 14 1955
BUREAU V. S.